

Component Breakout Session 2: Strategies to Support Diabetes Prevention: Scaling the National Diabetes Prevention Program

July 19, 2017



Session Overview

- High Level Overview
 - Kristi Pier, and Sue Vaeth, Center for Chronic Disease Prevention and Control
- Washington County Diabetes Prevention Program
 - Mary McPherson, Washington County Health Department
- Helping DPP Participants Quit Tobacco Use
 - Sara Wolfe, MS, Center for Tobacco Prevention and Control
- Baltimore City Diabetes Prevention Program
 - Emilie Gilde, MPP, Baltimore City Health Department
 - Raquel Greer, MD, MHS, FACP, Johns Hopkins University



High Level Overview

Kristi Pier, MHS, MCHES and Sue Vaeth, Center for Chronic Disease
Prevention and Control



1422 Diabetes Prevention Team

- Kristi Pier, Director
- Eileen Sparling, Community Clinical Linkages Manager
- Colin Simms, Health Component II Coordinator
- Sue Vaeth, Diabetes Coordinator
- Marti Deacon, Health Systems Referral Specialist
- Berit Dockter, Health Policy Analyst



Overview

- Successes and challenges
- Partner engagement
- Work plan activities in action
- Sustainability



1422 Diabetes Prevention Strategies

Component 1

- Plan and execute strategic, data-driven actions through a network of partners and local organizations to build support for lifestyle change
- Implement evidence-based engagement strategies to build support for lifestyle change
- Increase coverage for evidence-based supports for lifestyle change by working with network partners (e.g., educate employers about the benefits and cost savings of evidence-based lifestyle change programs as a covered health benefit).

Component 2

- Implement systems and increase partnerships to facilitate bi-directional referrals between community resources and health systems, including lifestyle change programs.



MDH's Approach

- Build capacity and infrastructure—new and existing DPP programs
 - Support Master Trainers to train new lifestyle coaches
 - Provide start-up and implementation funds to support DPP growth
- Develop and expand referral systems—access
 - Engage health systems partners to enhance community-clinical linkages and increase referrals to evidence-based programs
 - Host and promote Be Healthy Maryland referral website
- Facilitate program provider reimbursement—sustainable funding mechanism
 - Collaborate with Medicaid on DPP reimbursement
 - Engage employers to negotiate for reimbursement in health plans
- Leveraging other funds (PHHS, state funds)



Key Partnerships

- State level
 - Center for Tobacco Prevention and Control
 - Maryland Medicaid
- Local level
 - Health departments
 - Community-based organizations
 - Health care organizations
 - Network of DPP providers
 - Statewide stakeholders (State Engagement Strategic Planning)



State Engagement Strategic Plan

- Awareness
 - Coordinate messaging with partners
 - Increase awareness of the CDC prediabetes screening test
- Coverage
 - Agreement from at least one private insurer to cover DPP
 - Employers prepared to bill for DPP
- Screening, Testing, Referring
 - Health care professionals screen and test patients, and refer to DPP
 - Health systems use EHRs to identify patients with prediabetes and refer to DPP
- Availability of Lifestyle Change Programs
 - Increase the number of DPP to at least one in each jurisdiction
 - Increase sustainability of DPPs by assisting with obtaining or maintaining full DPRP recognition

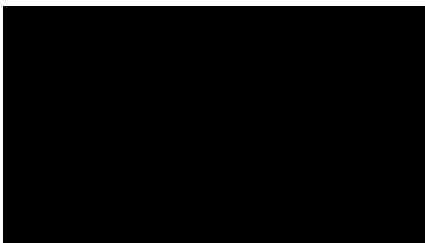


Awareness

- BeHealthyMaryland.org
- Public campaigns



DPP Eddie the Firefighter Ad



Implementing the DPP - Successes

- Local level model
 - LHDs as local leaders in DPP
- Resources and Support for DPPs
 - Maryland Master Trainers and ongoing coach training
 - Pay for performance model for reimbursement
- GIS mapping to identify DPP coverage, gaps
- Regular DPP network communication and support



Kelly Benefits Partnership

- Brokerage firm partnership since November 2016 as an action-item following the October training.
- Webinars were conducted in June 2017
 - 1. Healthiest Maryland Businesses
 - 2. Diabetes Prevention Program
- Future webinars welcomed



Insurance and Employer Coverage - Challenges

- State Employee Coverage
 - DPP to be reimbursed \$150 as a weight loss program through two insurers
- Local partners unfamiliar with insurance and how to approach businesses



Bi-Directional Referrals - Successes

- LHD grants
 - Partnerships with health care providers to identify patients with prediabetes
- Quitline Referrals
- Bi-Directional Referrals – Workshop Wizard



Bi-Directional Referrals - Challenges

- LHD grants
 - Engagement with health care providers to identify patients with prediabetes
- Quitline Referrals
 - Coach training for referrals back to the Quitline
- Bi-Directional Referrals – Workshop Wizard
 - Not all DPP providers are using Workshop Wizard to manage referrals



Workshop Wizard Demonstration



Washington County Diabetes Prevention Program

Mary McPherson, Washington County Health Department



Demographics

Since September, 2013

- 9 Classes
- 61 Women
- 25 Men
- 98% White
- 2% African American



Strategies for Promotion

- Recruitment
 - Herald Mail Newspaper – Back Page Advertisement
 - Radio Advertisements
 - Electronic Sign Messaging
 - Flyers created and emailed to community partners
 - Health Fairs Pre-Diabetes Screens
 - Presentation to patient navigators
 - Presentations to community groups (Senior clubs, TOPS groups, Stepping On)
 - Flyers emailed to past participants
 - Facebook
 - Session Zero



Key Partnerships

- Roles and contributions of partners
 - NDPP Providers
 - Commission On Aging
 - Meritus Health Group
 - Fahrney-Keedy
 - Location Provider
 - CRS
 - MLK Recreation Center
 - St Marks Lutheran Church
 - Western Maryland Hospital Center
 - St. Ann's Catholic Church
 - YMCA



DPP Establishment

- June, 2013 NDPP Training
- September 2013 Applied for pending status
- September, 2013 First Class Starts
- August, 2014 – Submitted first data set
- October, 2014 Master Trainer Select Training
- Trained WCHD and Community Leaders
- September, 2106 Received Certificate of CDC Full Recognition



Current Classes

- Flyer sent to all previous participants
- Flyer sent to all LHIC members
- Day and evening sessions
- Implementing the T-2 Curriculum
- Session Zero
- Two current classes at session 13
- One day class at WCHD and one evening class at BHS
- Total number of current participants is 18



Successes

- Full Recognition
- Support from management for Master Trainer Select
- Over 80 participants to date
- 4 community agencies providing NDPP classes



Challenges

- Physician Referrals
- Lack of interest from FQHCs
- Participant Retention
- Impending billing for classes
- Lack of administrative staff



Next Steps

- Billing
- Improving the referral process from physicians and medical support staff
- Training staff
- Radio/Newspaper advertising
- Update WCHD website with emphasis on program promotion



Helping DPP Participants Quit Tobacco Use

Sara Wolfe, MS, Center for Tobacco Prevention and Control



Center for Tobacco Prevention and Control

- Goals align with the CDC *Best Practices*
- Preventing initiation among youth and young adults
- Promote quitting among adults and youth
- Eliminate exposure to secondhand smoke
- Identify and eliminate tobacco-related disparities among population groups



Center for Tobacco Prevention and Control

- Maryland has created an infrastructure that encompasses
 - Legal Resource Center for Public Health Policy
 - Maryland Resource Center for Quitting Use and Initiation of Tobacco, MDQuit
- The Maryland Tobacco Quitline, 1-800-QUIT-NOW, a free telephone-based counseling service to help tobacco users quit
- Local Health Department tobacco control programs in each of Maryland's 24 major political jurisdictions
- Community-based programming
- Health Communications activities
- **Network of statewide supporters and partners (Chronic Disease)**



Background of Quitline and DPP Referrals

- Prediabetes Prevalence by Smoking Status
- About 10% of people with prediabetes report they smoke
- Maryland Tobacco Quitline was one of the few states that asks the question "Have you been told by a health care provider that you have prediabetes or borderline diabetes?"
- CDC approached Maryland to test bi-directional referral



Behavior Theory Drives both the Quitline and the DPP

Stages of change

- Assessing participants for readiness to change
- Focusing on fundamental skills to achieve goals

Other similarities

- Coaching, trained facilitators
- Tracking and resources for successful change
- Use of Motivational Interviewing techniques to elicit behavior change



Referrals to a DPP from the Maryland Tobacco Quitline

- Quitline caller is assessed for eligibility for a referral and the Quitline makes a referral to DPP
- December 2015 – July 2016, referrals were made through secure email, and sent to DPP programs by MDH staff
- July 2016, referrals are made through a Quitline portal on the BeHealthyMaryland.org platform, directly to the closest prevention program
- DPP staff receive automatic notification of a referral
- DPP staff can document disposition of the referrals: enrolled, uncommitted about enrolling, or declined to enroll.



Key Outcomes, Successes, and Challenges

- Implemented referral mechanism from the Quitline to DPP
- Trained DPP programs on Maryland Tobacco Quitline and referral mechanisms
- Since December 2015
 - 256 referrals from Quitline to DPP
 - 193 of those referrals have gone through the website through 7/11/17



Key Outcomes, Successes, and Challenges

- Value in utilizing a bi-directional referral system for people with prediabetes who smoke
- Residents taking a DPP class have the opportunity to be more prepared in quitting tobacco
- Documentation gaps in referrals
- Data is unavailable regarding referrals made from the DPP to the Maryland Tobacco Quitline at this time



Key Outcomes, Successes, and Challenges

- Tracking data over time for trends
- Explore why users do not use the system to document contacts and results
- Explore methods or system enhancements to allow tracking of referrals from DPP to the Quitline
- Provide additional training to DPP program staff making referrals to the Quitline



Power to Stop Diabetes: Diabetes Prevention in East Baltimore

Emilie Gilde, MPP, Baltimore City Health Department
Raquel Greer, MD, MHS, FACP, Johns Hopkins University





National Diabetes Prevention Program

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Existing Programs

Organization/Program	Address	Contact
Collaborate Care	100 International Drive Baltimore, MD 21202	516-474-8408
Johns Hopkins Centro SOL Enseñadores de Salud	5200 Eastern Ave. Mason F. Lord Center Tower Suite 4200 Baltimore, MD 21224	410-550-1129
Johns Hopkins Centro SOL Enseñadores de Salud	700 Regatta St. Baltimore, MD 21224	410-550-1129
Kennick Community Health	1700 W. 40 th Street Baltimore, MD 21211	410-662-4363
MedStar Franklin Square Medical Center	9000 Franklin Sq. DE Baltimore, MD 21237	443-777-7900
MedStar Good Samaritan Hospital	5601 Loch Raven Blvd Baltimore, MD 21239	443-444-4793
ST. Agnes Hospital The Diabetes Center at The Maryland Metabolic Institute	900 S. Calton Ave. Baltimore, MD 21229	410-368-3244
The Center for Endocrinology at Mercy	250 N. Calvert Street Baltimore, MD 21202	410-659-2833
UMMS Walter P. Carter Center Diabetes Prevention Program	701 W. Pratt St., Room 569 Baltimore, MD 21201	410-328-8402
University of Maryland Center for Diabetes & Endocrinology	827 Linden Ave. Second Floor Baltimore, MD 21201	443-682-6800
Faithful+Voll Program		410-245-0075 ext. 4679



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Baltimore DPP Network

- Quarterly meetings
- Discuss best practices & challenges, Medicare/Medicaid reimbursement updates, Be Healthy Maryland updates
- Provide technical assistance
- 37 member/groups
- Provide DPP resource list/screening tool
- Encourage citywide referrals



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Power to Stop Diabetes: Diabetes Prevention in East Baltimore

Raquel Greer, MD, MHS
Director of Education

Nisa M. Maruthur, MD, MHS
Director of Community Partnership



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Our Program

- 2 churches in East Baltimore
 - Peer coaches, 33 participants
- Timeline
 - Planning: Mid-Sept 2015 – April 2016
 - Program Duration: May 19, 2016 – May 4, 2017
- Recruitment
 - CDC screener at church service
 - Open House for each church – initial eligibility
 - In-person measurement of weight/questionnaire



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Power to Stop Diabetes: Diabetes Prevention in East Baltimore

Hospital-community partnership essential

Community
Churches as enduring structures
Support of Pastors
Health ministries
Peer coaches/volunteerism

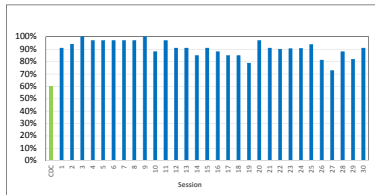
Hospital
Population health as focus
Technical expertise
Data
Volunteerism
Reimbursement



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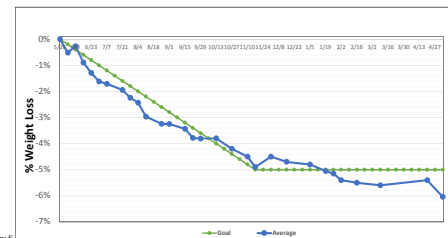
Power to Stop Diabetes – 90% Attendance!



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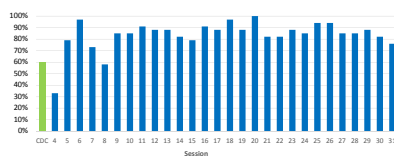
Power to Stop Diabetes – Weight Loss Goal Achieved!



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Power to Stop Diabetes – 85% Reporting Physical Activity



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Important elements of DPPs beyond the requirements

- Participant readiness to change
- Rapport between coaches and ppts
- Make-up sessions
- Contacts between sessions
- Ongoing commitment
- Technical support for coaches
- Data support/analysis



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Addressing equity

- Education
 - Healthy lifestyle, diabetes prevention
- Access in community
- Evenings and weekends
- Technical expertise
- Data – training, management, analysis, interpretation
- Skills training for coaches
- Healthier diet – food demos, grocery store tours
- Increasing physical activity



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Gaps that remain

- Costs of healthier lifestyle
- Access to healthy food/physical activity
- Health care system focus on treatment vs. prevention
- Transportation
- Caregiving
- Reimbursement
 - Medicare coming
 - Medicaid
- Nutrition – knowledge and application



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Power to Stop Diabetes



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Thank you

- Baltimore City Health Department
 - Emilie Gilde
- State of Maryland DHMH
 - Kristi Pier, Sue Vaeth
- Brancati Center
 - DPP participants
 - Zion Baptist Church/Memorial Baptist Church
 - Dr. Fred Brancati
 - Dr. Jeanne Clark
 - Megan Brown
 - Kathy Michalski
 - Fatmata Timbo



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